

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90021 014 ***150.00

DOCUMENT # K63539

1. Entity Name
SAND DOLLAR SERVICES, INC.

Principal Place of Business

4519 GEORGE RD., SUITE 125
 TAMPA FL 33634

Mailing Address

4519 GEORGE RD., SUITE 125
 TAMPA FL 33634-7350

2. Principal Place of Business

104 W. Seneca Ave. Suite 1
 Suite, Apt. #, etc.

Unit A-16 Suite-1
 City & State

TAMPA, FL
 Zip

33612
 Country

3. Mailing Address

- Same -
 Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2938143** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRYBUS, RONALD H
1505 N FLORIDA AVE
TAMPA FL 33601

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Delete
NAME	HARDEN, ERNEST S	
STREET ADDRESS	2618 LIBERTY ST	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<i>President</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>HARDEN, Ernest S.</i>	
STREET ADDRESS	<i>2413 Blind Pond Ave.</i>	
CITY-ST-ZIP	<i>Lutz, FL 33549</i>	
TITLE	<i>Vice President & Treas.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>HARDEN, Eleanor L.</i>	
STREET ADDRESS	<i>2413 Blind Pond Ave.</i>	
CITY-ST-ZIP	<i>Lutz, FL 33549</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE: *Ernest S. Harden*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00
 Date

813-PPP-7933
 Daytime Phone #

CR2E034 (9/99)